***Award Nomination Form***

*Please indicate category:*

2024 Humanitarian Service Award

2024 Outstanding Service Award

2024 Guest of Honor

2024 New Dentist Leadership Award (A candidate must have graduated from dental school on or after Jan. 1, 2014)

Name:

ADA Number:

Date of Birth:

Address:

City/State/Zip:

Telephone:

Email:

*Please provide a summary of the candidate’s qualifications in the following categories, as appropriate:*

Identify leadership qualities/traits:

Describe leadership initiatives the candidate has demonstrated:

Describe role model traits the candidate has shown, as well as examples of mentor activities:

Provide examples of contributions that have helped organized dentistry to achieve its goals: (Not required for Humanitarian Service Award.)

Has the candidate made an impact on the practice of dentistry in the community?

Indicate offices held, committee appointments, programs implemented and honors received:

Please list civic and community activities in which the candidate has been involved (*if applicable*):

Submitted by:

Name:       Title:

District:       Date:

*Please date this form and type the name of who is submitting the form prior to submitting it to the MDA. A curriculum vitae and other information may accompany this form.*

Please mail nomination materials to the Minnesota Dental Association,

1335 Industrial Blvd, Ste 200, Minneapolis, MN 55413, fax to (612) 767-8500, or email:

[hod@mndental.org](mailto:hod@mndental.org). Thank you.